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State of Washington

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**REFERENCE** # 20030302200170 **ACCOUNT** #: 0654-654-6836011-0001

## SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is

03/19/2003

and the parties are as follows:

TRUSTOR ("Grantor"): RICHARD A. HOWARD AND JENNIE A. HOWARD, HUSBAND AND WIFE

whose address is:

4616 EDGEMONT PL MOUNT VERNON, WA, 98273

TRUSTEE: Wells Fargo Financial National Bank

c/o Specialize Service

401 West 24th Street, National City, CA 91950

BENEFICIARY ("Lender"):

Wells Fargo Bank, N.A. P. 0. 80X 31557 BILLINGS, MT 59107

2. CONVEYANCE. For good and valuable consideration, the receipt and sufficiency of which is acknowledged, and to secure the Secured Debt (defined below) and Grantor's performance under this Security Instrument, Grantor irrevocably grants, conveys and sells to Trustee, in trust for the benefit of Lender, with power of sale, all of that certain real property located in the County of SKAGIJ, State of Washington, described as follows:

TRACT 1 OF SHORT PLAT NO. MV-2-76, APPROVED JANUARY 23, 1976 AND RECORDED FEBRUARY 9, 1976 UNDER AUDITOR'S FILE NO. 829857, BEING A PORTION OF TRACT 4 OF MONTE VISTA TERRACE ADDITION TO SKAGIT COUNTY, WASHINGTON, AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGES 20 AND 21, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF WASHINGTON.
ABBREVIATED LEGAL: TR. 1 OF MVSP 2-76 IN TR. 4, MONTE VISTA TERRACE

with the address of 4616 EDGEMONT PLACE MOUNT VERNON, WA 98273
and parcel number of P67481 together with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, and water stock and all

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WASHINGTON - DEED OF TRUST

existing and future improvements, structures, fixtures, and replacements that may now, or at any time in the future, be part of the real estate described above. MAXIMUM OBLIGATION LIMIT AND SECURED DEBT. The total amount which this Security Instrument will secure shall not exceed \$22,000.00 together with all interest thereby accruing, as set forth in the promissory note, revolving line of credit agreement, contract, guaranty or other evidence of debt ("Secured Debt") of even date herewith, and all amendments, extensions, modifications, renewals or other documents which are incorporated by reference into this Security Instrument, now or in the future. The maturity date of the Secured Debt is 03/21/2018 MASTER FORM DEED OF TRUST. By the delivery and execution of this Security Instrument, Grantor Agrees that all provisions and sections of the Master Form Deed of Trust ("Master Form"). inclusive. dated February 1, 1997 and recorded on February 6, 1997 as Auditor's File Number at Page 0614 9702060051 in Book 1626 of the Official Records in the Office of the Auditor of SKAGIT County, State of Washington, are hereby incorporated into, and shall govern, this Security Instrument. USE OF PROPERTY. The property subject to this Security Instrument is not used principally for agricultural or farming purposes. RIDERS. If checked, the following are applicable to this Security Instrument. The covenants and agreements of each of the riders checked below are incorporated into and supplement and amend the terms of this Security Instrument. N/A Third Party Rider NA Leasehold Rider N/A Other SIGNATURES: By signing below, Grantor agrees to perform all covenants and duties as set forth in this Security Instrument. Grantor also acknowledges receipt of a copy of this document and a copy of the provisions contained in the previously recorded Master Form (the Deed of Trust-Bank/Customer Copy). Grantor Grantor Grantor Date Grantor Date Grantor Date Grantor Date ACKNOWLEDGMENT: (Individual) , COUNTY OF I hereby certify that I know or have satisfactory evidence that  $\sqrt{EM/M}$ 

person(s) who appeared before me and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

ARRILEE H.

(Print name and include title) My Appointment expires: \_

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Skagit County Auditor

States Seal